	<u> 990 (2017) </u>		31-1749810 Pag	_{1e} 2
Pa	rt III Statement of Program Service A	ccomplishments		
	Check if Schedule O contains a response o	r note to any line in this Part III		X
1 '			<u> </u>	
•		Atlanta Drum and Bugle Corps	ia to provido	
	routh with appearant in the	Actanca Dium and Bugie Corps	is to provide	
		to develop and refine artistic		
		skills through positive, high		
_	<u>challenging arts education</u>	on programs that emphasize char	<u>racter building,</u>	
2		gram services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	,	Yes X	No
	If "Yes," describe these new services on Schedule			140
_			- CO. G	
3		ignificant changes in how it conducts, any program services	s? Yes X	No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service acco	mplishments for each of its three largest program services,	as measured by expenses.	
		equired to report the amount of grants and allocations to ot		
	revenue, if any, for each program service reported		riore, the tetal experience, and	
4-	·		010 045	,
4a			enue \$ 818,047	<u>•</u>)
		150 plus youth with opportuni		
		etic, performance, and person		<u>.h_</u>
	positive, high-quality, a	and challenging arts education	programs that	
		ling, a strong work ethic, team		
	pursuit of performance ex		MIOLITY CITE CITE	
	parsare or periormance ex	icerrence.		—
				
		- · · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·			
			-	—
41-	1			
4b	(Code) (Expenses \$	including grants of \$) (Rev	enue \$)
	-			
				
4 -				
4c	(Code) (Expenses \$	including grants of \$) (Rev	enue \$)
			·	
	-		· · · · · · · · · · · · · · · · · · ·	
			· · · · · ·	
			 	
	<u>,</u>			
		· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·	—
	2.7			
4d	Other program services (Describe in Schedule O)			
	(Expenses \$ including gr)	
4e	Total program service expenses	838,760.		
			Form 990 (2	017)

Form 990 (2017) Spirit of Atlanta, Inc.
Part IV Checklist of Required Schedules

		\dashv	res	NO
1 '	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	\mathbf{x}	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes, " complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	g ,			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	
f	· ·	446		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		\vdash
Ö	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı4a b	The state of the s			<u></u>
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_ 17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
		Form	990	(2017)

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Form 990 (2017) Spirit of Atlanta, Inc. 31-1749810 Page 4
Part IV Checklist of Required Schedules (continued)

			Yes	NO
20a`	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		}
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	į		
	Schedule K. If "No", go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			}
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		
	former Officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	X	ļ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ļ		
	instructions for applicable filing thresholds, conditions, and exceptions):			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ł		l
	If "Yes," complete Schedule N, Part I	31	_	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ļ		l
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, Inne 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		ĺ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2017)

Form 990 (2017) Spirit of Atlanta, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
•				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		o		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming		ļ .	
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country.				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).	ł		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	iction?	_5b		_X_
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions or gifts			
	were not tax deductible?		_6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor	? <u>7a</u>		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	4		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f	-	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, a		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	o by the			İ
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a 9b		
40 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•	90		<u> </u>
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	┪		
11	Section 501(c)(12) organizations. Enter.	100	1		
··	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	114	1		
~	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O	••			
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			L_
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		
		- 	Forn	1 990	(2017)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}						
Sec	tion A. Governing Body and Management									
	north do to thing Doub and Managorine		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 15									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
h	Enter the number of voting members included in line 1a, above, who are independent 1b 15									
2										
_	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			ļ						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		٠,,							
	ın Schedule O how this was done	12c	X	37						
13	Did the organization have a written whistleblower policy?	13		X						
14	Did the organization have a written document retention and destruction policy?	14		Α.						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-								
	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b	<u> </u>	^						
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	1						
BOI	taxable entity during the year?	16a		x						
.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	108								
D	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			İ						
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶GA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	avaılat	le							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
-	The Organization - (770) 634-1654									
	6889 Peachtree Industrial Boulevard, Norcross, GA 30092									
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the Organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per		not cl		ition more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director organization institutional trustee	Officer Officer		Highest compensated 14		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Shane George	0.00									
Board President		X		X						
(2) Paul Cox	0.00									
Board Vice President		X		X						
(3) Tyler Barron	0.00									
Board Treasurer		X		Х		<u>L</u> .				
(4) Joel Tisinger	0.00									
Board Secretary		X		X					· <u> </u>	
(5) Ken Ashley	0.00									
Board Member		X								
(6) George Dickinson	0.00									
Board Member		X			<u></u>	ļ				
(7) Bryant Goss	0.00	1								
Board Member		X				<u> </u>				
(8) William "Paul" Mason, Esquire	0.00									
Board Member		X								ļ
(9) Gary Gribble	0.00	1	1							
Board Member		X			_					ļ
(10) Bucky Johnson	0.00]								
Board Member		X			<u> </u>	_				-
(11) Beau Rowell	0.00		ŀ							
Board Member		X			_					
(12) Michael McAdams	0.00									
Board Member		X			_	_	<u> </u>			_
(13) Duane Still	0.00			١						
Board Member	+	X	-	1	<u> </u>					
(14) Ashley Lesko	0.00	<u></u>								
Board Member	 	X	_	<u> </u>	<u> </u>	-	 			
(15) Paul England	0.00	↓								
Board Member	1	X	<u> </u>	<u> </u>	 	╄	-			
(16) Chris Moore	0.00	-								
Corp Director	1	1	1	X	<u> </u>		<u> </u>			

Form 990 (2017)

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Part VII	Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any	offi	not c	Pos heck ess pe	more rson	than is bot	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	n an	(F) stimated nount o other	f
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C) fr org an	compensation from the organization and related organizations	
			_			_							
			-										
1b Sub-			l	<u> </u>			<u> </u>	>					
<u>d</u> Total	I from continuation sheets to Part V I (add lines 1b and 1c)							<u> </u>					
	number of individuals (including but ropensation from the organization	not limited to th	ose	liste	ed a	bov	e) wi	ho r	eceived more than \$100),000 of reportable	e 		
3 Did th	he organization list any former officer,	, director, or tn	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on		Yes	No
	a? If "Yes," complete Schedule J for s ny individual listed on line 1a, is the si			amo	ensa	atior	n and	d oti	her compensation from	the organization	3_		X
and r	related organizations greater than \$15 iny person listed on line 1a receive or	0,000? If "Yes,	" co	mpl	ete S	Sch	edul	e J i	for such individual .		4		X
rende	ered to the organization? If "Yes," con					-		- Ciai	ted organization or indiv		5_		x
1 Comp	i. Independent Contractors plete this table for your five highest co										pensation	from	
the o	rganization Report compensation for (A)					<u>with</u>	or w	/ithir	(B)			C)	
	Name and business	address	N	ON	E			1	Description of s	services	Compe	nsation	1
								\dashv					
	number of independent contractors (including but r	ot li	mıte	ed to	tho	se li	ster	above) who received n	nore than			
	,000 of compensation from the organ										5	<u> </u>	017
											Form	990 (2	U1/)

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Form 990 (2017)

e Total. Add lines 11a-11d

Total revenue See instructions.

818,047.

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	X
	Check if Schedule O contains a respon	(A)	this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		· -		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
''	Management	15,111.	15,111.		
b	Legal	11,677.	13/111	11,677.	
0	Accounting	7,990.		7,990.	
d	Lobbying	1,3300		.,,,,,,,	
_	Professional fundraising services. See Part IV, line 17		<u>-</u>		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	· · · · · · · · · · · · · · · · · · ·			
9	column (A) amount, list line 11g expenses on Sch 0.)	202,733.	198,900.		3,833.
12	Advertising and promotion	882.		882.	
13	Office expenses	11,820.	5,000.	4,134.	2,686.
14	Information technology	289.		289.	
15	Royalties	1,416.	1,416.		
16	Occupancy	2,753.		2,753.	
17	Travel	338,630.	296,400.	40,609.	1,621.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,544.			5,544.
20	Interest				
21	Payments to affiliates	<u>. </u>			
22	Depreciation, depletion, and amortization	17,266.			
23	Insurance	8,898.		8,898.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Production Expense	157,444.			
b		137,554.			
С	Bank and Merchant Fees	20,917.		20,917.	···-
d		16,655.		16,655.	
е	All other expenses	<u> 25,680.</u>		451.	15,560.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	983,259.	838,760.	115,255.	29,244.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		[
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 000
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		Oha Li Control In Orania			
		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
\neg	1	Cash - non-interest-bearing	68,987.	1	27,145.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,500.	4	7,527.
	5	Loans and other receivables from current and former officers, directors,			
	•	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	_	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		İ	
Assets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
ί	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	6,335.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 220, 173.			
l	b	Less: accumulated depreciation 10b 83,536.	128,033.	10c	136,63 <u>7</u> .
1	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	investments - program-related. See Part IV, line 11		13	
	14	Intangible assets .		14	·
İ	15	Other assets. See Part IV, line 11		15	<u> </u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	202,520.	16	<u>177,644.</u>
	17	Accounts payable and accrued expenses	50,626.	17	102,011.
	18	Grants payable		18	
	19	Deferred revenue .		19	
	20	Tax-exempt bond liabilities .		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	· · · · · ·
3	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
LIGOIIIGES		Complete Part II of Schedule L .	170,868.	22	149,019.
•	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of		1	
		Schedule D	201 404	25	251 020
	26_	Total liabilities. Add lines 17 through 25	221,494.	26	251,030.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ß		complete lines 27 through 29, and lines 33 and 34.	-10 074		-72 206
	27	Unrestricted net assets	<18,974.		<73,386.
	28	Temporarily restricted net assets		28	
፭	29	Permanently restricted net assets		29	
ן ב		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
net Assets of Fully Dalatices	30	Capital stock or trust principal, or current funds		30	
ž	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ĭ	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	<18,974.	32	<73,386.
		LOCAL DEL RECOTE OF BIDD DRISHOOD	< 10.9/4.0	2.5.5	<13.300.

	990 (2017) Spirit of Atlanta, Inc.	31-174	981 <u>0</u>	Pag	_{qe} 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	91'	<u>7,1</u>	<u>77.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	983	3,2	<u>59.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	<60	5,0	<u>82.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<18	3,9	<u>74.</u> :
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	1:	1,6	70.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<73	3,3	86.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			_	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	9 O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both.				l
	Separate basis Consolidated basis Both consolidated and separate basis		1		l
b	Were the organization's financial statements audited by an independent accountant?		_2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	nedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>

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Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization Employer identification number 31-1749810 Spirit of Atlanta, Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that inormally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (described on lines 1.10 your goven organization support (see instructions) support (see instructions) Yes Nο above (see instructions)) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-08-17 Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017	Spirit of	Atlanta,	Inc.		31-174	9810 Page 2
Part II Support Schedule fo						
(Complete only if you check fails to qualify under the tes				on failed to qualify	under Part III. If th	e organization
Section A. Public Support	sts listed below, ple	ase complete Fait	··· /			
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(-) 2015	(4) 2016	(a) 2017	(f) Total
1 Gifts, grants, contributions, and	(a) 2013	(b) 2014	(c) 201 <u>5</u>	(d) 2016	(e) 2017	(i) Iotai
membership fees received. (Do not						/
include any "unusual grants.")						
2 Tax revenues levied for the organ-					,	
ızatıon's benefit and either paid to					/]
or expended on its behalf		<u> </u>				
3 The value of services or facilities						
furnished by a governmental unit to)				\\ \'	
the organization without charge				<u> </u>	<u></u> _	
4 Total. Add lines 1 through 3				 	<u> </u>	
5 The portion of total contributions						1
by each person (other than a						
governmental unit or publicly						
supported organization) included		1				
on line 1 that exceeds 2% of the						
amount shown on line 11, column (f)			/			
····			/-			
6 Public support. Subtract line 5 from line. Section B. Total Support	4_!	1				
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	(4) 2010	(6) 2014	(6) 2010	(4,20.0	(0) 2011	(1) 10.0.
8 Gross income from interest,			/			
dividends, payments received on			<u>/</u>			[
securities loans, rents, royalties,		/	}	}	}	}
and income from similar sources						
9 Net income from unrelated busines	s					
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital		1/			1	
assets (Explain in Part VI)		/				ļ
11 Total support. Add lines 7 through 10) L/	′1		<u> </u>	 	<u> </u>
12 Gross receipts from related activities	/				12	
13 First five years. If the Form 990 is	- /	's first, second, the	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
organization, check this box and st Section C. Computation of Pu		ercentage				
14 Public support percentage for 2017			column (fl)		14	0/
15 Public support percentage from 20	. /		COIGITIIT (1))		15	% %
16a 33 1/3% support test - 2017. If the	/		n line 13, and line	a 14 is 33 1/3% or		
stop here. The organization qualifie	7				more, erroen and a	▶ □
b 33 1/3% support test - 2016. If the		· -		 ad line 15 is 33 1/3	% or more, check t	his box
and stop here. The organization qu	/ -					▶□
17a 10% -facts-and-circumstances to		•		ne 13, 16a, or 16b	, and line 14 is 10%	or more,
and if the organization meets the "f	acts-and-circumsta	nces" test, check t	his box and stop	here. Explain in P	art VI how the orga	nızatıon
meets the "facts-and-circumstance	s" test. The organiz	ation qualifies as a	publicly supporte	ed organization		ightharpoons
b 10% -facts-and-circumstances to	est - 2016. If the or	ganization did not	check a box on li	ne 13, 16a, 16b, o	r 17a, and line 15 is	10% or
more, and if the organization meets	the "facts-and-circ	umstances" test, c	heck this box and	d stop here. Expla	in in Part VI how th	e
organization meets the facts-and-o	circumstances" test	. The organization	qualifies as a pub	licly supported or	ganization	. ▶□
18 Private foundation. At the organiza	tion did not check a	a box on line 13, 16	ia, 16b, 17a, or 1	7b, check this box	and see instruction	ns 🕨
				Sch	nedule A (Form 99	0 or 990-EZ) 2017
732022 10-08-17						

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Schedule A (Form 990 or 990-EZ) 2017 Spirit of Atlanta, Inc.

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests, listed below, please complete Part II \

Se	ction A. Public Support	elow, piease comp	Jieto Fart II.j				
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants.")	548,021.	594,224.	115,497.	83,123.	99,130.	1,439,995.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	247,424.	131,299.	840,112.	828,313.	818,047.	2,865,195,
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf	ļ					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	795,445.	725,523.	955,609.	911,436.	917,177.	4,305,190,
78	Amounts included on lines 1, 2, and						40.446
	3 received from disqualified persons					19,116.	19,116.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					ŀ	0.
	• Add lines 7s and 7h					19,116.	19,116.
	Public support. (Subtract line 7c from line 6)						4 286 074
	ction B. Total Support	<u> </u>					
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	795,445.	725,523.	955,609.	911,436.	917,177.	4,305,190.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income		_				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12)		725,523.		911,436.		4,305,190,
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,
_	check this box and stop here						
_	ction C. Computation of Publ						00.56
	Public support percentage for 2017 (column (f))	•	15	99.56 %
16						16	<u>100.00 %</u>
_	ction D. Computation of Inve					47	.00 %
	Investment income percentage for 20	•		ie 13, column (ij)		18	.00 %
18	Investment income percentage from a 33 1/3% support tests - 20 17. If the			on line 14, and line	 a 15 is more than 3		
194	more than 33 1/3%, check this box a						→ X
1	b 33 1/3% support tests - 20 16. If the	-	-			· ·	•
	line 18 is not more than 33 1/3%, che	-					▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	
7320	023 10-08-17				Sch	edule A (Form 990	or 990-EZ) 2017

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

360	tion A. All Supporting Organizations		Vac	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No.
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			l
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	ļ	ĺ
2	Did the organization have any supported organization that does not have an IRS determination of status	· -	\vdash	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		'	
	organization was described in section 509(a)(1) or (2)	2		l
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		<u> </u>	
	(b) and (c) below	3a		l
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	Organization made the determination.	3b		l
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			i
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(III) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a_		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	<u>5</u> b	ļ	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			i
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			ļ
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		ł	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	ļ	ļ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	ļ	<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	ļ	<u> </u>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		Ì	
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	ļ	ļ
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		ĺ	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		↓
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	 	↓
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a	 	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b	1	1

Schedule A (Form 990 or 990-EZ) 2017

		31-1/4981	U Pa	age 5
Pa	t IV Supporting Organizations (continued)		Tv	
44	Here the arganization appointed a gift or contribution from any of the following paragraps?		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		_
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1_	,	<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1.		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_	 	-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	 	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			İ
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee inst			
' a	The organization satisfied the Activities Test. Complete line 2 below.	i detions).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity	v (see instruction	(2)	
2	Activities Test Answer (a) and (b) below.	y (occ monaction	Yes	No
- a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.00	1.00
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the Organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		1 -	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	-	
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		<u>L</u>
73202		4 (Form 990 or 9	90-EZ	2017

Schedule A (Form 990 or 990-EZ) 2017

Sche Par	dule A (Form 990 or 990-EZ) 2017 Spirit of At1 tV Type III Non-Functionally Integrated 509			1-1749810 Page 7
	on D - Distributions	(a)(o) capporting crigo	anizationo (commuco)	Current Year
		mat purposes		Current reat
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	<u>s</u>	<u> </u>	
_4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
<u> </u>	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which to	he organization is responsive	•	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2017			
b	From 2013		-	
	From 2014	· · · · · · · · · · · · · · · · · · ·		
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
		·····		
-	Carryover from 2012 not applied (see instructions)			
_	Remainder, Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
_ <u>_c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
$\overline{}$	Excess from 2017			
e	LAUGGO HUHI ZUTT	i		i .

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Spirit of Atlanta, Inc.	31-1749810 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section II, Ine 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, lines 1c, 2a, 2b, 3a, and 3b, Part V, lines 2, 5, and 6. Also complete this part for a Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for a Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for a Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for a Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for a Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for a Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for a Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for a Section D, lines 2, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for a Section D, lines 2, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for a Section D, lines 2, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for a Section D, lines 2, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for a Section D, lines 2, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for a Section D, lines 2, 6, and 8, a	n B, lines 1 and 2, Part IV, Section C, ne 1, Part V, Section B, line 1e; Part V,
(See instructions.)	any additional information.
Part III, Short Year Explanation:	
The organization's year end was changed to August 31 i	n 2017. The 2017
fiscal year is eight months.	
	·
	_
	,
732028 10-08-17	Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE D

(Form 990) ·

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

	Spirit of Atlanta, Inc.		31-1749810
Pai	rt I Organizations Maintaining Donor Advised Funds or O	ther Similar Funds or <i>I</i>	Accounts. Complete if the
_	organization answered "Yes" on Form 990, Part IV, line 6.		
_	(a) Donor	advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the as	sets held in donor advised fur	nds
•	are the organization's property, subject to the organization's exclusive legal co		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing		. —
•	for charitable purposes and not for the benefit of the donor or donor advisor, or		
	impermissible private benefit?	. ioi any other purpose come	Yes No
Pai		ed "Yes" on Form 990, Part I\	
1	Purpose(s) of conservation easements held by the organization (check all that		
•	Preservation of land for public use (e.g., recreation or education)	Preservation of a historicall	v important land area
	Protection of natural habitat	Preservation of a certified h	•
	Preservation of open space	3 1 10001 Valion of a continue 1	istorio structuro
2	Complete lines 2a through 2d if the organization held a qualified conservation	contribution in the form of a c	onceniation easement on the last
2	day of the tax year	contribution in the form of a c	Held at the End of the Tax Year
_	Total number of conservation easements		
a		•	2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure included in		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and	not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguish	ed, or terminated by the orga	inization during the tax
	year >	_	
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring,	inspection, nandling of	[—]., [—].,
_	violations, and enforcement of the conservation easements it holds?		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violat	ions, and enforcing conservat	tion easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations,	and enforcing conservation e	easements during the year
_	> \$	4700 \\	D V4
8	Does each conservation easement reported on line 2(d) above satisfy the requ	irements of section 170(n)(4)(
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIII, describe how the organization reports conservation easements in	•	
	include, if applicable, the text of the footnote to the organization's financial sta	tements that describes the or	rganization's accounting for
Do	conservation easements. rt III Organizations Maintaining Collections of Art, Historic	al Trassuras or Other	Similar Assats
Fa	Complete if the organization answered "Yes" on Form 990, Part IV, line		Sillilai Assets.
та	If the organization elected, as permitted under SFAS 116 (ASC 958), not to re		
	historical treasures, or other similar assets held for public exhibition, education	, or research in furtherance o	r public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report		
	treasures, or other similar assets held for public exhibition, education, or research	rch in furtherance of public se	ervice, provide the following amounts
	relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures, or other s	ımılar assets for financıal gaın	, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relatives	ting to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
<u> </u>	Assets included in Form 990, Part X		\$

732051 10-09-17

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

<u>Sche</u>		of Atlanta						<u> 174981</u>		<u>age 2</u>
Pa	rt III Organizations Maintaining C	ollections of A	rt, <u>His</u> t	torical Tr	easures, o	r Other	Similar As	sets(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	is, checl	k any of the	following that	t are a sigi	nificant use of	ıts collectio	n item	IS
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ms				
b	Scholarly research	e		Other						
C	Preservation for future generations	_			_					
	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
•	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
•	to be sold to raise funds rather than to be ma							Yes] No
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Par		010 11 1110	organization		100 0		,	•	
			tion, for	contribution	ne or other as	eate not in	cluded			
Id	Is the organization an agent, trustee, custodia	an or other intermet	Jiary IOI	CONTINUUTION	is or other as	2012 1101 11	Ciuded	Yes] No
	on Form 990, Part X?					•	•	res	_	ם או ב
D	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing 1	able:				A		
							\ _ 	Amoun	<u>it</u>	
С	Beginning balance	•	-	••			1c			
d	Additions during the year					•	1d			
е	Distributions during the year				•		1e			
f	Ending balance						_1f			
2 a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liability	<i>?</i> ? .	Yes	<u> </u>	_ No
	If "Yes," explain the arrangement in Part XIII									
Pa	rt V Endowment Funds. Complete if	the organization ar	swered	"Yes" on Fo	orm 990, Part	IV, line 10				
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three years ba	ick (e) Fou	r years	back
1a	Beginning of year balance	_								
b	Contributions									
С	Net investment earnings, gains, and losses									
ď	Grants or scholarships				1				_	
e	Other expenditures for facilities	-		-	T					
_	and programs									
f	Administrative expenses									
g	End of year balance				<u> </u>					
. •	Provide the estimated percentage of the curr	ent year end haland	l	a column (a)) held as:					
2	Board designated or quasi-endowment	•	%	g, column (a)) Held as.					
a	-	%								
Þ	Permanent endowment	 -								
C	·	%								
	The percentages on lines 2a, 2b, and 2c show	•								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administe	red for the	organization			
	by.								Yes	No
	(i) unrelated organizations							3a(i)	-	
	(ii) related organizations .	-	•	•		•		. 3a(ii)		<u> </u>
b)			3b		
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pa	rt VI Land, Buildings, and Equipm	ent.								
_	Complete if the organization answered	d "Yes" on Form 99	0, Part <u>(</u> \	/, ime 11 <u>a</u> . \$	See Form 990	, Part X, In	ne 10.			
	Description of property	(a) Cost or o	other	(b) Cos	t or other	(c) Acc	umulated	(d) Boo	k valu	ю
	· · · · ·	basis (investi		basis	(other)	depr	eciation			
	Land		-					-		
b	- 11			_						
~	Leasehold improvements									
d				22	20,173.		83,536.	1 3	6,6	37
	Other				/ - / - / - /		23,330.		<u> </u>	<u> </u>
	I. Add lines 1a through 1e (Column (d) must ed	aual Form 000, Port	V colu	nn /P) /ma	1001			1 2	6,6	37
<u> 1 ota</u>	i. Add lines ta trirough te (Column (d) must ed	<u>чиві гоппі ээо, Рап</u>	A, COIUI	iiri (D), iirie	100.)			L <u>J</u> Iule D (Fori		
							Schoo	una Il /Fari	m wan	11 (זכי וו

Spirit of Atlanta, Inc.

Schedule D (Form 990) 2017

31-1749810 Page 3

Schedule D (Form 990) 2017 Spirit of Atlanta, Inc	A LANGE TO SERVICE TO		/49810 Page 4
Part XI Reconciliation of Revenue per Audited Financial St		per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a		
1 Total revenue, gains, and other support per audited financial statements		1	917,177.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	. 2a		
b Donated services and use of facilities	_2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	<u> </u>
3 Subtract line 2e from line 1	•	. 3	917,177.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2)	. 5	917,177
Part XII Reconciliation of Expenses per Audited Financial S		s per Return) .
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
Total expenses and losses per audited financial statements		1	983,259
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	·		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	0
3 Subtract line 2e from line 1	•	3	983,259
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b	78	4c	0
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	983,259
Part XIII Supplemental Information.	10)		
32054_10-09-17		Schedul	e D (Form 990) 201

SCHEDULE L

Department of the Treasury

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open To Public Inspection

Name of the organization							1 7	_	identi		on nu	mber
Part I Excess Bene	Spirit of	<u>Atlanta</u>	, I	nc.	on 501(c)(4), and 50	1(a)(20) arganization			498	10		
		· ·				· · · · · -			.			
					urt IV, line 25a or 25b), or Form 990-EZ, I	Pan v,	iine 40	ספ	(4)	Corro	cted?
1 (a) Name of disqualified p	person (b) F	(b) Relationship between disqualified person and organization			(c) Description of tra	nsactio	ก		Ye.	$\neg \neg$	No
 		-	94							1 16	-	NO
										+	\dashv	
										_		
								-				
•												
2 Enter the amount of tax	incurred by the o	rganization mar	agers	or disc	qualified persons dur	ring the year under						
section 4958								▶ \$				
3 Enter the amount of tax,			ed by	the or	ganızatıon			▶ \$				
												
Part II Loans to and	d/or From Int	erested Per	sons	·-								
Complete if the	organızation ansv	wered "Yes" on	Form 9	990-EZ	, Part V, line 38a or F	Form 990, Part IV, I	ine 26;	or if th	ne orga	nızatı	on	
	ount on Form 990	7							(b) And	roved		
(a) Name of	(b) Relationship	(c) Purpose of loan	fron	nan to or	(e) Original	(f) Balance due) In ault?	(h) App by boa	ard or		ritten ment?
interested person	with organization	orioan	organization?		principal amount	'		aunt?	committee		ayıcc	I III GIILI:
11	1	<u> </u>	+	From	050 545	140 040	Yes	1	Yes	No	Yes	No_
Todd Snead		Working	X	<u> </u>	278,717.	149,019	•	X	X			X
	-						 					
	-							-				
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Total Part III Grants or As	ssistance Bei	 pefiting Inte	reste	d Da	<u>▶ \$</u>	149,019	•		J			
		•										
	organization ansv					(d) Typ	o of	 -		Durn	000.0	
(a) Name of interested	person	(b) Relationship interested per			(c) Amount of assistance	assista			٠.) Purp assista		
		the organiz										
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See Part V for Continuations

732131 10-18-17

	of Atlanta, Inc. ing Interested Persons.				
Complete if the organization answered		8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zatio
				Yes	N
			ļ		
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Supplemental Information					
Provide additional information for response	onses to questions on Schedule L (see	instructions)			
<u>edule L, Part II, Loans</u>	To and From Intere	<u>sted Perso</u>	ns:		
	_				
Name of Person: Todd S	nead				
	- I. 7				
Purpose of Loan: Worki	ng Capital				
		 			
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

A state of the form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No 1545-0047

Inspection

Employer identification number 31-1749810
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Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Management and general expenses

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization Spirit of Atlanta, Inc.	Employer identification number 31-1749810
Fundraising expenses	3,833.
Total expenses	187,365.
Drivers:	
Program service expenses	15,368.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	15,368.
Total Other Fees on Form 990, Part IX, line 11g, Col A	202,733.